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New Directions

The Clinical System

University of

Massachusetts

Medical Center



GOVERNMENT DOCUMENTS
COLLECTION

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1996 Annual Report


W O R C E S T
C O U N T Y

February 1997

Dear Friend of the Medical Center,

As this 1996 Annual Report was on press, the University of Massachusetts Medical Center made an important announcement: the UMass Clinical System and Memorial Health Care (parent of Memorial Hospital) will explore the possibility of a merger to form one health system.

Months of discussions between the two institutions have focused on one question: how can we best serve the people of central Massachusetts in a time when the rules governing healthcare are changing rapidly and dramatically? The answer: a marriage of two strong, not-for-profit, community-based institutions who are committed to serving the people of the region through excellence in education, patient care, research and public service. We are delighted and fortunate that our neighbors and colleagues at Memorial have agreed to discuss a shared future with us, to secure the best possible healthcare for our region and state. It is possible that together we will usher in a new era of high-quality, accessible care, delivered efficiently, effectively, and compassionately.

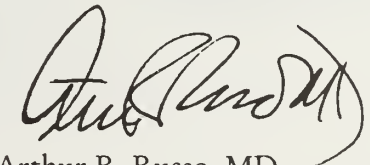
Throughout this annual report, as you read about UMMC's dynamic Clinical System, you will begin to see the powerful potential of a new "UMass Memorial Health Care" system. Our growing integrated network, including the UMass teaching hospital, clinics, affiliate hospitals, physician group practice and community physicians, is a solid and natural match for Memorial Health Care. A true partnership of such equals would create a vital force in central Massachusetts for the next century and beyond.

It is important to point out that the potential merger would not affect the other components of UMass Medical Center -- the Medical School, the Graduate School of Biomedical Sciences, the Graduate School of Nursing, and the research enterprise. They would remain an integral part of the University of Massachusetts system. Their missions, however, would be strengthened and enriched by ongoing cooperative educational programs, and new opportunities for growth.

Over the next several months, the two institutions will work through the specific details of the new arrangement. We invite your support and enthusiasm as UMass and Memorial lead the journey to a new era in healthcare.



Aaron Lazare, MD
Chancellor and Dean
UMass Medical Center



Arthur R. Russo, MD
Deputy Chancellor, Clinical Affairs
CEO, UMass Clinical System

A MESSAGE FROM THE CHANCELLOR

We already knew UMass is in excellent health, to turn a clinical phrase. But in case there were any doubts, in October the Joint Commission on Accreditation of Healthcare Organizations validated our self-diagnosis with its coveted "accreditation with commendation." Given to fewer than one in eight hospitals nationally, the commendation recognizes "exemplary performance" in meeting JCAHO standards, the most stringent in the industry. This recognition is a powerful boost and an appropriate takeoff point for a look at the status of our Clinical System, now in its third year as one of the five components of the Worcester campus (the others being the three graduate schools and the research enterprise).

How did we get to this point? The healthcare "revolution" of recent years has provided a strong propeller for the new directions we are taking in central Massachusetts and across the state. Although academic health centers such as UMass were not well positioned to meet the challenges posed by the evolving crisis in cost containment, we took the opportunity to mount an intensive period of restructuring and reorganizing, beginning early in 1993. We drew up a clinical strategic plan, with the goal to develop a healthcare delivery system — that is, a clinical system — in support of the Medical Center's mission.

In the process, we became a national model for the strategies implemented to position UMass as a market leader. Briefly, during these past three years we transformed the governance of our traditionally structured academic health center — characterized by a clinical department-oriented system in which each department maintained a high level of independence — into an integrated delivery system led by a new central administration, with active trustee involvement and oversight. We focused on our dynamic, innovative clinical specialties as well as our primary care programs, while moving outward to offer patient care in community settings. Our proactive response to the shift to managed care has reinforced our capability to continue our other missions in education, research and public service.



In this report, our intent is to enhance public understanding of our still-growing Clinical System. For some, it's enough to know that UMass services now may be available in their own community or one close by. For others, it's also useful to understand the concept of an "integrated system" and what it means for you and your family.

How and where have we accomplished so much in such a short time? The following pages provide a remarkable overview, which begins with Deputy Chancellor Arthur Russo, MD, elaborating on how the system works. The return on your investment of a few minutes' reading time will be a better understanding not only of your commonwealth's medical center but also of future directions in healthcare. As always, I invite your comments on how we are doing, and how we can do even better.

Aaron Lazare

Aaron Lazare, MD
Chancellor and Dean

On the Road to Change



By Clinical System CEO Arthur R. Russo, MD

When we set out to develop the Clinical System, all the signposts were in place, pointing to tumultuous change in the ways that healthcare is provided and financed. Though there was not yet a road map to follow, we knew we would find our own route to change, while making sure we remained faithful to the Medical Center's mission.

That was three years ago when, across the nation, academic medical centers were in many cases changing their missions to match their circumstances — eliminating services, partnering with for-profit institutions, searching for niches rather than general excellence. Here, we believed from the outset that our best choice was to grow and develop in such a way that our ability to serve the people of the commonwealth is always enhanced — that our research and educational systems continue to thrive.



We are not finished with development of the Clinical System. Indeed, we have taken only the first steps on a long road. But we have reached a point where our theory has become practice. It's fascinating — and gratifying — to take stock of how far we've come in the past year, and to know we're headed in the right direction.

In this annual report, you'll read about various parts of the whole — our affiliated hospitals, our community physicians, our enhanced clinical services, our aggressive redesign efforts. As a guide, it's helpful to keep in mind the framework within which our impressive growth has occurred. As illustrated below, that framework is an "integrated delivery system" with affiliate hospitals, a primary care physician network and an infrastructure to support high-quality care.

The concept of an integrated delivery system is simple: a structure in which appropriate care is provided efficiently, from preventive medicine to the most sophisticated specialty care. On the one hand, we have made an impressive expansion of our primary care network through UMASS Community Physicians; on the other, we have increased the availability of the newest, most sophisticated techniques and therapies with a series of investments in our clinical services.

In between are our affiliate hospitals, with which we work closely in the sharing and providing of certain services, and further infrastructure improvements. The principal example of these improvements is our information system, which is crucial to our ability to support physicians in their endeavors. Parallel to these tangible components — and perhaps most important of all — is our Program to Achieve Clinical System Superiority. What we simply call PACSS provides the umbrella for literally thousands of quality and cost-efficiency initiatives, and it's the mechanism we're using to redesign our procedures and practices to match the quality of our resources.

In the Worcester area, where managed care exerts an especially strong influence, the environment is competitive and challenging. The changing healthcare landscape has had a striking impact in the region — indeed, it was the driving force behind our creation of an integrated clinical system.

Anchored by UMass' renowned 388-bed teaching hospital, the Clinical System has grown into a multifaceted, regionwide network of healthcare institutions and providers. In addition to UMass Hospital and its array of on-site clinics, the integrated network also includes community hospitals,

primary care physicians, clinic-based specialists, and sub-acute and long-term care facilities such as University Commons.

Two community hospital affiliations in particular reflect the changing nature of healthcare and the importance of the UMASS Health System within the Clinical System. Clinton Hospital and Marlborough Hospital — both long-time UMMC affiliates — have become fully integrated members of the Health System. While they remain locally managed community hospitals, Clinton and Marlborough now work within the overall corporate structure of the Health System, the entity under which we're developing an integrated healthcare network. Agreements with these two are more structured than in other UMass hospital affiliations, and they actually provide for shared governance between the organizations.

Underlying the Clinton and Marlborough agreements — and other affiliations as well — is UMMC's overriding interest in working collaboratively with community hospitals, physicians and other providers to offer a full spectrum of care. From primary and secondary care delivered in local communities to highly specialized treatment at UMass Hospital, UMMC strives to provide the people of the region with access to high-quality, cost-efficient health services.

UMASS Community Physicians is an important part of this continuum of care, as well. Little more than a year after we opened our Shrewsbury Center site, we have UMCP physicians located at 16 sites in central Massachusetts. All are part of a larger group of 75 primary care practitioners who have joined the system this past year.

By improving availability and access to primary care physicians, we are able to offer more specialized care and a wider range of services to everyone. UMCP will grow increasingly important in the coming years, and we're immensely proud of the quality of primary care practitioners we've been able to attract.

Our infrastructure improvements are important for two reasons. First, they are necessary for our success, and for our continued ability to provide high-quality care. Second,



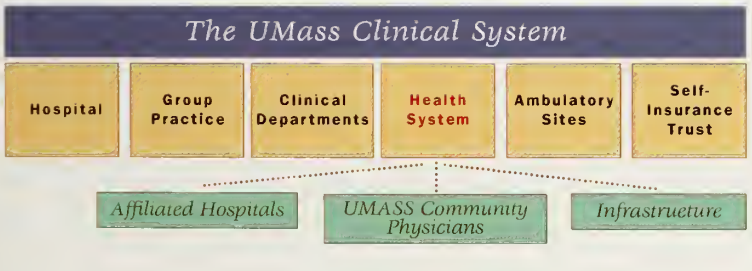
Clinical System navigators. Arthur R. Russo, MD, chief executive officer (foreground), Michael J. Greene, chief operations officer (left), Gerald G Steinberg, MD, chief medical officer (center), Lin C. Weeks, DPH, hospital director (right), and Derrek O. Hollings, chief financial officer (rear).

they're important because of the exciting way we're paying for them — via PACSS. This program, now in its third year, has generated nearly $30 million in cost savings and efficiency improvements, money that is crucial to our continued success. The investments we're making in our Clinical System are financed by our ability to improve the way we provide care, and PACSS has become our most important initiative.



Three years ago, we theorized about the best way to serve the people of the commonwealth. Our Clinical System is the tangible result, a growing, high-quality, integrated healthcare system of some of the nation's finest clinicians in a network of hospitals and clinics working together to shape the future. We invite you to explore on these pages some of the successful embodiments of our efforts.





Some Roads Taken



From Pittsfield to Provincetown, and even across state lines, UMass Medical Center has forged clinical as well as academic partnerships with a variety of healthcare providers — a sharing of expertise, services and resources that's befitting for the commonwealth's only public academic health center. This fast-growing clinical network extends UMass resources throughout central New England, strengthening the ability of traditional community hospitals and their physicians to care for their townspeople, while expanding educational opportunities for medical students. Not only do these collaborations help to contain costs through improved economies of scale, but they ultimately provide a wider range of high-quality healthcare services to patients of all the participating institutions.

UMMC's advanced tertiary care capabilities, together with its strong teaching and research components, make it a most desirable partner. So far, UMass has established integrated affiliations with two hospitals — Clinton and Marlborough — which as part of the UMASS Health System share a complete range of services with UMMC. Another 10 community hospitals receive on-site academic, clinical or community service programs through their formal affiliations with UMass.

As the examples on these pages demonstrate, UMMC collaborations take varied directions to sustain and expand community healthcare services, while keeping the services conveniently located.

FITCHBURG

Spectacular leaf color in fall and mountain laurel in spring are among the "employee benefits" available to Richard T. Silverman, MD, when he's on the road for UMass. He's a plastic surgeon who's been traveling north to Fitchburg for nearly two years and eventually may also head south to see patients at Day Kimball in Putnam.

While Silverman spends most of Monday and a good part of Wednesday in surgery at the Medical Center, he devotes at least one day a week to seeing patients in his office adjacent to



Burbank Hospital in Fitchburg. In addition, he performs outpatient surgeries at Burbank.

Silverman's practice covers a broad range of plastic and reconstructive surgery with some focus on diseases of the breast in both men and women, microvascular surgery and laser surgery. Through laser surgery and other techniques, he removes birthmarks, port wine stains, vascular birthmarks, and tattoos. He also provides care to patients through the Hand and Upper Extremity Center and Burn Center, both located at UMass.

"It's a wonderful service to provide to people — to go to their community to see them," Dr. Silverman says. "The feedback I get when I see patients is that they are really appreciative." He adds that patients are "very receptive to coming to UMass for surgery when they need to. They just like the convenience of my coming to them for office visits and checkups. And frankly, I enjoy it!"

PUTNAM

Vicki Mancini is very attached to her community, the rural town of Putnam, Connecticut, where she has lived since her early teens. She loves her job, too, at the 102-bed Day Kimball Hospital where she performs electroencephalogram (EEG) testing.

But for the past nine months, through a unique educational collaboration, Mancini has made a daily, 45-mile drive to Worcester to complete a training course with the Neurodiagnostics Center at UMass. Here, under the tutelage of Electromyogram (EMG) Director Kathryne Hammer and Assistant Director Donald Chin, she is learning how to perform state-of-the-art EEG and EMG testing, which is used to diagnose epilepsy, head trauma, metabolic disorders, neuropathies, disc diseases and other general diseases.

"I feel lucky that training at UMass is an option for me," says Mancini. "I've been constantly challenged while learning new skills and the latest in technological advances. I'll be able to tailor what I've learned to my patients at Day Kimball."

The collaborative program is one of the benefits of UMMC's partnership with Day Kimball, which was solidified in September 1994 when the two institutions signed a formal affiliation agreement to provide more specialized services for the patients at this community hospital. Says Mancini: "I've



AFFILIATE HOSPITALS

- *Athol Memorial Hospital*
- *Berkshire Medical Center, Pittsfield*
- *Clinton Hospital*
- *Day Kimball Hospital, Putnam, Connecticut*
- *Harrington Memorial Hospital, Southbridge*
- *HealthAlliance (Leominster Hospital and Fitchburg's Burbank Hospital)*
- *Heywood Hospital, Gardner*
- *Holyoke Hospital*
- *Marlborough Hospital*
- *Milford-Whitinsville Regional Hospital*
- *Noble Hospital, Westfield*
- *Wing Memorial Hospital, Palmer*

Illustration by Larry McEntire

really enjoyed the collegiality at UMass, and I hope there will be a future in continuing education and training opportunities for me there."

PITTSFIELD

House calls to patients' homes may be a thing of the past, but that doesn't stop UMass doctors from traveling 100 miles to the Berkshires to provide advanced pediatric care. Since 1993, a team of specialists has motored the Mass Pike to make regular "house calls" to young patients of Berkshire Medical Center (BMC) in Pittsfield.

The monthly and bimonthly clinics provide advanced care on-site, as well as specialty education for the region's pediatricians, family practitioners, nurses and nurse practitioners. In response to high patient demand, the program has grown to four UMass pediatric specialists: Stephen C. Hardy, MD, gastroenterology; Phyllis Pollack, MD, cardiovascular medicine; Paul C. Marshall, MD, neurology; and Ian Thomas Cohen, MD, surgery.

Rick Silverman, Fitchburg



BMC's pediatric patients and their families would have to travel considerable distances east for their specialty care, if not for the on-site clinics. "Some of our pediatric patients have severe problems that really require a specialist," says Gina McGovern, MSN, RN, director of outpatient services at BMC, "and we're delighted to have access here to these doctors' expertise."

Cardiology consultations often involve heart murmurs, congenital heart disease or defects. Surgical cases range from hernias and cysts to developmental disorders. Neurological visits address seizures, behavorial problems, attention deficit disorders, hyperactivity, and anxiety problems. Gastroenterology consults focus on digestive system disorders, food and nutrition problems, liver disease, or stomach and intestinal problems.

Each time the specialists go out to Pittsfield, a continuing education program is scheduled and is very well received, says McGovern: "The Berkshire community was really looking for some way to receive advanced education in these areas."

ATHOL

The preliminary results have come back positive from a new sort of lab "test" being performed at Athol Memorial Hospital (AMH). In a collaborative year-old arrangement, UMass serves as the reference laboratory for its long-time northern Worcester County affiliate.

In this partnership, AMH does routine tests in its own lab. But it refers highly specialized and complex procedures — such as tuberculosis, thyroid, genetics and immunology tests, and Pap smears — to UMMC's Department of Laboratory Services for analysis and results. Working together, a quality-focused team composed of staff from both institutions also has refined and improved lab operational procedures.

The joint quality effort has led to an information system connection that gives Athol's lab direct electronic access to results of some of the tests performed at UMass. The goal is to expand that information services link so that results of all the tests referred by Athol to UMMC can be accessed by computer and printed out at AMH.

Linda Gale, director of lab services at AMH, is excited about the on-line capability and pleased that AMH has cut its lab costs under the new agreement. She's also impressed by UMMC's cooperative attitude and its team approach to healthcare. "That's extremely important," Gale says. "You have to work well together to have the cohesiveness and integration needed to make a collaboration of this type a success."

Lenore Fryer, Palmer



The cooperative spirit extends even to the College of American Pathologists (CAP) inspection team from UMass. In an innovation arranged by L. Michael Snyder, MD, chief of lab services at UMMC, Gale and the lab directors at two other affiliates joined the UMass CAP team that evaluated lab services at the University of Illinois Medical Center last year.



Vicki Mancini, Putnam

UMMC collaborations take varied directions to sustain and expand community healthcare services...

MILFORD

Just what the doctors ordered. That's what the Tri-River Family Health Center in Uxbridge and Milford-Whitinsville Regional Hospital — UMass' satellite and affiliate in the Blackstone Valley — got when their computer systems became electronically linked in 1996.

In an age when electronic access to patient care information is a critical component of healthcare delivery, the new connection — made through UMMC's wide area network — has enhanced communication between the sites and, most significantly, had a positive impact on patient care.

Many of the patients seen at Tri-River go to Milford-Whitinsville for inpatient treatment, diagnostic procedures, obstetrical care and other services, and Tri-River physicians had requested access to the hospital's patient care inquiry system.

With the network connection in place, local doctors and nurses — whether seeing a patient in Uxbridge or Milford — have a wealth of medical information at their fingertips. An authorized computer password is all that's needed to summon laboratory and pathology data; x-ray, radiology and emergency room reports; discharge summaries; and patient histories.

"This has greatly improved my ability to provide services to my patients, particularly those who have had recent diagnostic procedures or hospitalizations in Milford," says William Muller, MD, medical director at Tri-River and vice president of the medical staff at Milford-Whitinsville. "Certainly this technology helps to cement together the network of physicians affiliated with Milford-Whitinsville, and further enhances the allegiance of our medical staff to our hospital."

PALMER

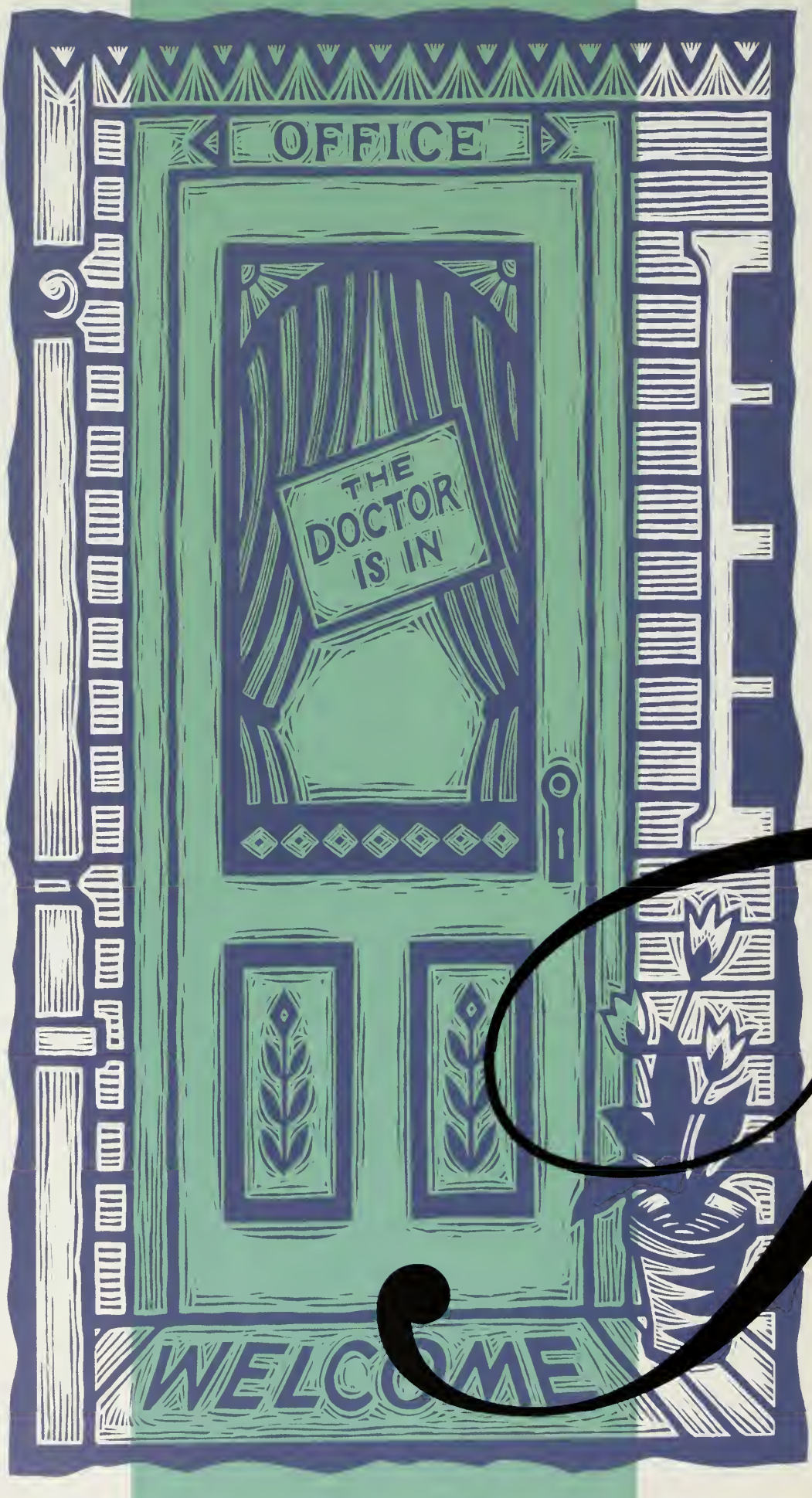
Ask Lenore Fryer, RN, to explain the benefits of UMMC's affiliation agreement with Wing Memorial Hospital in Palmer, and she has a ready answer: "It all comes down to patient care."

A Wing employee for more than 15 years, Fryer works in the hematology/oncology clinic with UMMC cancer specialists Carol Sherman, MD, Ann Farrell, MD, and Karen Ballen, MD, director of the Bone Marrow Transplantation Program. Each of these hematologist/oncologists staffs the clinic one day a week.

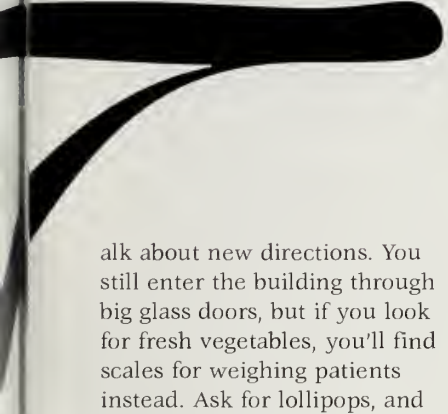
Fryer says the patient load has tripled in the past 11 years: "Our patients come from small towns, and they want to stay in the community for their care. The Wing/UMass affiliation allows our patients to do just that." The busy oncology clinic provides services to residents not just of Palmer, but of the surrounding communities of Monson, Wilbraham, Belchertown, Ludlow, Brimfield, Hampden, Warren, West Warren, Ware and Indian Orchard. Ninety percent of their care is on an outpatient basis.

If hospitalization is necessary, patients are admitted to the 46-bed Wing Memorial or sent to UMass for specialized care. "We work closely as consultants with the primary care physicians when they admit their patients to Wing," says Dr. Sherman. "We have excellent working relationships with the medical staff." In fact, Wing's long-standing relationship with UMMC is rooted in the large percentage of its active staff physicians trained there. Many hold faculty positions, as well, and refer their patients needing specialized care to UMass.

"Our clinic has a family atmosphere — it's informal and personal," says Dr. Farrell. "It's very important for people to receive care in their community, in a convenient, comfortable and familiar setting, and we're happy to provide this service."


OFFICE
THE DOCTOR IS IN
WELCOME

Main Street Marketplace



alk about new directions. You still enter the building through big glass doors, but if you look for fresh vegetables, you'll find scales for weighing patients instead. Ask for lollipops, and you'll be steered to the pediatric waiting room.

The building that — as a supermarket — once anchored Shrewsbury center, just across from the town library, now offers a different array as a full-service physician practice called UMASS Community Physicians at Shrewsbury. When it opened in 1995, it offered the opportunity to select a UMass physician locally, and the Dodakian family of Shrewsbury — who previously had gone to physicians outside the system — decided to switch.

Maureen Dodakian, whose family now receives primary care at the local facility, has also had reason to try the system at a different level. Last summer, when she felt her daughter Allison's fever climb dangerously high, she rushed the one-year-old to the emergency department at UMass Medical Center. The baby was admitted to the hospital, where specialists diagnosed a kidney infection.

"If you're sick or need hospitalization, the place to be is UMass," says Dodakian, who notes an infection like Allison's could be life-threatening, if left untreated or misdiagnosed. Today, the healthy toddler's parents are thankful and relieved they had access to the hospital when they needed it.

"Ten years ago, patients could go to any specialist or hospital and it didn't matter to the insurance companies," says Sarah Stone, MD, associate professor of medicine and medical director of UMASS Community Physicians (UMCP), a network of 16 private group practices including those at Shrewsbury (see page 11). "Now, the patient's gateway into a system is through the primary care physician."

As "gatekeepers" in the managed care environment,

Illustration by Catherine Rose Crowther

primary care physicians work with their patients to determine which services they need and who should provide them.

"The goal is not just for UMCP doctors to admit their patients to UMass, but for them to support the entire UMASS Health System," says Dr. Stone. As an example, she cites physicians who practice in Hudson and Northborough and admit their patients to Marlborough Hospital, one of the Medical Center's integrated affiliates.



'The healtheare landscape has changed dramatieally. It was no longer in the best interest of my patients for me to praetiee outside the structure of an integrated system.'

"In order to help secure the future of this institution, it was critical that we build a support system made up of primary care physicians," says Susan DeSocio, director of UMCP, which provides the foundation for bringing 150,000 patients into the UMass system.

With an established reputation for training generalist physicians, UMMC is well-positioned to draw from a pool of outstanding young physicians. Many of them choose to stay and practice within the UMASS Health System, as did Mary Callery O'Brien, MD. She was chief internal medicine resident at UMMC when approached about starting up a practice in Shrewsbury, and today she's Dodakian's physician.

Now thriving in an attractive setting, UMCP at Shrewsbury Center became the first in a regional network of primary care physician practices. A year after opening with four physicians, it had grown to five internists, five family practitioners, two nurse practitioners and two obstetrician/gynecologists.

The clinic at Shrewsbury also offers mammography screening, and UMass specialists in dermatology, oncology and behavioral medicine see patients there. In addition, the building houses Child Health Associates, an independent practice with nine pediatricians.

"It seemed like the best of both worlds to have a practice in the community but be affiliated with UMass," says Dr. O'Brien, who sees the advantages as both intellectual and practical. "If you're a physician who likes to teach, it's very rewarding to have medical students learn in your practice." What's more, she appreciates having UMass handle administrative support in areas such as billing and marketing.

According to DeSocio, what makes UMCP successful is its flexible approach. For example, there's Kenneth Stillman, MD, who joined the Shrewsbury family practice after a successful and fulfilling independent practice. "The healthcare landscape has changed dramatically," he says. "It was no longer

in the best interest of my patients for me to practice outside the structure of an integrated system."

Being connected to the Medical Center's information system is an enormous advantage for these physicians, whether they're based in Shrewsbury, Fitchburg, or any of the other UMCP sites. Access to patient lab and x-ray reports, and to e-mail correspondence with specialists, translates into better patient care.

Patients of UMCP like seeing their doctor in a private practice outside the hospital but need the security of knowing they have access to specialists and the advanced level of care available at UMass Medical Center. "My patients like the fact that I know the specialists I'm referring them to, and that I'll follow through with their care and stay informed about their progress," says O'Brien.

For Dodakian, it comes down to peace of mind. "It's comforting to know that the resources of a world-class medical center are close by," she says. As the mother of two toddlers, Dodakian appreciates the convenience of having her UMass internist and gynecologist, as well as her pediatrician, all practicing at the same facility, and all right in the center of her hometown.

UMASS COMMUNITY PHYSICIANS IN CENTRAL MASSACHUSETTS

- *UMCP Auburn*
 103 Millbury Street, Internal Medicine

- *UMCP Clinton*
 201 Highland Street, Internal Medicine

- *UMCP Fitchburg*
 655 Main Street, Internal Medicine
 136 Whalom Street, Urgent Care/Occupational Health
 52 Hartwell Street, Family Practice
 76 Summer Street, Family Practice
 100 Summer Street, Family Practice
 Nichols Road, Internal Medicine

- *UMCP Harvard*
 233 Ayer Road, Family Practice

- *UMCP Hudson*
 101 Coolidge Street, Family Practice

- *UMCP Marlborough*
 320 Bolton Street, Pediatrics

- *UMCP Northborough*
 112 Main Street, Internal Medicine, General Surgery

- *UMCP Shrewsbury Center*
 604 Main Street, Internal Medicine, Family Practice, Obstetrics & Gynecology

- *UMCP Worcester*
 Chadwick Medical Associates, 385 Grove Street, Internal Medicine
 130 Lincoln Street, Internal Medicine
 26 Queen Street, Internal Medicine

Down the Pike

New Directions in

The Massachusetts Turnpike is a ribbon of road that helps move people and commerce and UMass Medical Center surgeons plan to make it an express route to 21st-century healthcare, as well.

Buried along the highway is a fiber-optic cable through which the Medical Center launches its Endosurgery Telemedicine Initiative (ETI) early in 1997. A marriage of minimally invasive surgical techniques with current telecommunications technology, ETI enables clinicians to transfer medical information and to consult on diagnosis, from one site to another.

"It's about moving information instead of people," says Mark Callery, MD, chief of the Division of General Surgery, who describes the ETI's benefits as "endless." Via live, interactive audiovisual communications, telemedicine will "allow specialists here to diagnose difficult cases and otherwise help attending physicians at remote locations," Callery explains.

Not only can physicians consult over this two-way viewing system, they also can observe surgical procedures as they happen, including endosurgery. That's the term for minimally invasive procedures, which are performed through incisions as small as a vest pocket and thus cause less pain for the patient. What's more, during minimally invasive surgery, the internal images captured by a surgeon's miniature camera can be transmitted over the video link.

That's why the Massachusetts Information Turnpike Initiative, or MITI — the name given to the fiber-optic cable buried adjacent to the road — is so important. As a telephone line serving a number of other statewide functions, MITI is also UMMC's "telemedicine" route connecting to other hospitals.

"For example, if a family is involved in a car wreck in a remote part of the state and they are transported to one of our affiliate hospitals," says Callery, "the attendings can contact us, actually show us things like x-rays by holding the image up to a camera, and we can help them with the diagnosis."

A group of UMass clinicians led by William C. Meyers, MD, professor and chair of the Department of Surgery, created the ETI plan, modeled after a similar program at Duke University and supported by in-kind funding from major endosurgery corporations.

The system will enhance healthcare delivery diagnosis and treatment with specialty consultation services and collaboration that avoid costly duplication of services, and improve the quality and continuity of patient care. Says Callery: "It will integrate the referring physician, consulting physician, and patient in decision-making about treatment plans."

The ETI conference center in the administrative wing of the hospital accommodates up



Surgery

Dr. Okike is one of a handful of surgeons across the country to perform minimally invasive cardiac bypass surgery. Endosurgery techniques, which use a small incision and miniature surgical tools, have a big impact on patients: less pain, faster recuperation and shorter hospitalization.

to about 50 surgeons, residents and students who can watch a surgical procedure on multiple large video screens and interact with the surgeon performing it. They also can practice the procedure on an inanimate model, using a complex group of computers.

Many applications of minimally invasive surgery are already standard practice at UMass, replacing traditional surgical techniques. Eventually, even procedures such as cardiac bypass surgery will become routine via minimally invasive surgery.

Only a few surgeons throughout the country have used a minimally invasive technique for cardiac bypass operations, and Nsidinanya Okike, MD, professor of surgery at UMMC, is one of them.

Okike's method is to make an incision on the patient's side, between the ribs. The opening, usually no more than four inches across, is wide enough for him to insert specially designed endoscopic tools. These tools are used to graft blood vessels that bypass damaged arteries around the heart. The result: his patients feel less pain afterward, recuperate more quickly, and leave the hospital in a matter of two or three days.

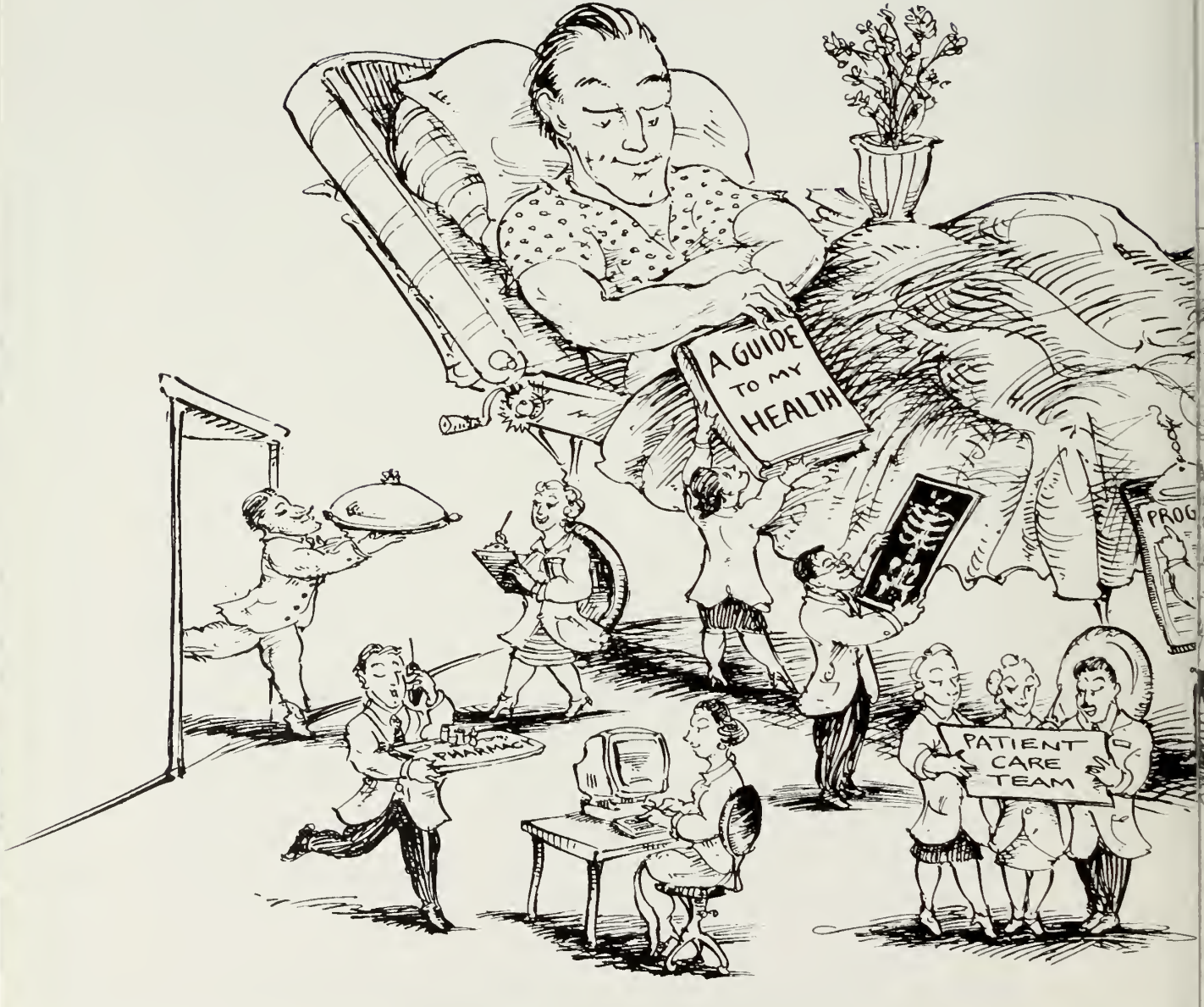
For patients who meet certain health criteria, the minimally invasive procedure is clearly more appealing than traditional bypass surgery, which involves an incision from the upper chest area almost down to the abdomen, then a cut through the breast bone or sternum to reach the heart. It causes considerable pain, requires longer hospitalization, extends the recuperation period, and is more costly. Currently, more than 300,000 of these operations are performed annually in the U.S., and Dr. Okike estimates 20 percent of them could be done with a minimally invasive procedure.

Indeed, he sees great potential for the new technique: "Patients prefer it — I've had two who refused to have bypass surgery any other way. It's technically more demanding because you're operating on a beating heart, but as we get more familiar with the procedure, there certainly will be an increase in the percentage of patients who receive treatment this way."

Okike and his colleagues expect to stay at the forefront of this emerging field of endosurgery in part because of a research agreement UMMC has struck with the biomedical research company Smith & Nephew Endoscopy. The agreement provides UMass with $2 million in research funds each year to help the company's biomedical researchers develop new endoscopic devices.

"When I look back at the years I trained in heart surgery, I never saw this as part of the future," says Okike, a cardiac and thoracic surgeon at UMass since 1980. "This is very fascinating. I can't even imagine what else the future holds!"

BOUNDLESS F



YES, it's a whole new world out there. A world where it is indeed easier to pass a camel through the eye of a needle or a gallbladder through a buttonhole than once was dreamed or imagined. A world of wild rides on the information highway and surgeons on TV, flying the telecommunications airwaves. A world, too, in which sacred cows are being branded and broke.

POSSIBILITIES



Illustration by Mark Steele

Right now, certain facts govern healthcare delivery. It's something of a bargain in comparison with the past couple of decades — consumers simply refuse to pay a high pricetag for coverage, so, insurers have put a lid on their reimbursements. Instead of paying hospitals and physicians directly, they've signed on "gatekeepers," or primary care physicians, to "manage" care based on need. And they demand proof positive of cost and quality.

In states where this approach has spread without regulatory controls — California, Arizona, Minnesota and Wisconsin — it has virtually choked out a number of hardy health institutions. Health maintenance organizations (HMOs) in those areas pay only about half the going rate for medical services.

This is the "worst case scenario" that UMMC prepared for as Worcester's eight hospitals dwindled to three in the last decade. It's been clear that the old ways would not serve, that no medical institution could resist the unprecedented transformations in pricing. But stringent cost-cutting and ever higher levels of productivity weren't the answer either. A whole new approach was needed.

As usual, when the best minds are brought to the task of strategy in a mission-driven organization like UMMC, it leads to exciting system renewal. Yes, resources are tight. But there's also the sense when nothing is the same that everything is possible. It's a moment in history without boundaries, "like Paris after the war" as one said. Yes, it's a whole new world out there, and three years into it, UMMC has emerged as a national leader. Its lifelong focus on medical excellence and public service is generating nothing short of a complete redesign of the way its work is done.

What if...

... patients coming in for surgery could pre-register by phone, and be shown to their rooms by a bellhop?
... hospital diagnostic tests, physical therapy and x-rays came to the patient like hotel room service?
... each patient were assigned a personal "room service team," so the same four or five people managed the patient's needs as they arose?
... in this era of so-called "drive-through hospital stays," a patient not quite emotionally ready for discharge didn't have to be, but instead, moved to a supportive environment where a "wellness coaching" staff helped him take the next step?
... patients could work with doctors about their care, for a change, rather than simply take orders?

Questions like these have led to new outpatient phone registration services and valet parking this year. Clinics have been relocated, clustered to serve related problems and their complications, and renovated for patient convenience. See a bone specialist about a broken wrist, get it x-rayed on the spot, and stop next door for immediate physical therapy.

Redesign of the hospital bedside team is not far behind. A tally of caregiver-to-patient contacts, on several floors, showed that the average patient had about 50 staff interactions in a given 24-hour period. Many were repeated requests for the same information — all too often, "Your name please?"

Now a new staff model will be tested this year with a structure that allows patients to get to know those who serve their needs. Rather than 50 strangers coming and going through the day, unit teams of four or five "associates" will perform most services, under the leadership of a registered nurse. "The idea is to consolidate staff members into closely knit, multidisciplinary teams," says Nurse Manager Cynthia Climer, who headed the first pilot on the hospital's third floor.

In essence, the associates' job descriptions have been combined. With clinical training, they can share some tasks that had been specialized, such as the administration of certain diagnostic tests or the drawing of blood. Or, they can respond immediately to simple housekeeping or assisting needs — like changing a bed, or helping a patient from bed to gurney, for example, once centralized by department. "It means patients can count on a quick response. And it also improves the working climate," says Climer. For nurses, the model acknowledges their leadership and decision-making skills, as well as the art of clinical care, and it enriches the roles of clinical, clerical, and service associates with more responsibility and direct patient contact.

How's that again about a bellhop? Plans are developing for new admitting practices, where one member of the team might welcome a patient in the lobby on arrival and escort her to her room. And services such as respiratory, occupational, and physical therapy may well travel to the patient to avoid the long delays of transport.



Basic to these transformations are simplification and integration — eliminating unnecessary work, and finding better ways of doing what has to be done.

In 1995, UMMC cut $2 million from the cost of treating seriously ill patients who needed prolonged mechanical ventilation and pulmonary rehabilitation. The practice now enjoys a national reputation for its success rates in "weaning" patients from ventilators. Lower too are the death rates of these patients, who often suffer from related chronic or life-threatening heart and lung problems.

The cost solution came not from traditional approaches, says Richard Irwin, MD, director of pulmonary, allergy, and critical care medicine, who spearheaded this effort, but from leaping multi-departmental turf barriers to a new vision.

Practitioners in different clinical services used widely varying weaning methods. But they agreed, ultimately, to an elegantly simple solution: standardize weaning methods hospital-wide. Today, every department and every staff member uses the same methodology and decision process to ensure the best in weaning practice. And, as soon as patients are stable, they are eased into a less restricted care setting.

These disarmingly simple ideas built the Ventilator/ Pulmonary Unit at Fairlawn Rehabilitation Hospital on the UMass City Campus in downtown Worcester, a less costly setting. Patients there can be coached through weaning, involving family members as well. Central Massachusetts lacks sufficient alternative care facilities like these, so, with its affiliates, UMMC is exploring more opportunities for building long-term care, and skilled nursing or specialized services located close to home and family.

Through education and coaching, UMMC also aims to help patients take better care of their own needs — often with transforming results. UMMC



has witnessed many such transformations among the chronically ill patients who pass through its Heart Failure Wellness Clinic.

In the U.S., one in every 10 people over the age of 80 has congestive heart failure — not death, but a condition whereby the heart no longer pumps blood efficiently, leading to a buildup of fluid in the tissues. It is a condition that easily leads to other complications, and about half of these patients return to the hospital within six months. As a result, it is a very expensive ailment. It costs the U.S. health system some $10 billion a year, $7.5 billion of which goes for hospitalization. As lifespans increase, so do the costs of this disease that is — to great extent — an affliction of a long and comfortable life.

The wonderful news is that the symptoms of congestive heart failure can be controlled quite successfully, and patients can extend or improve their lives even when seriously ill, if they change lifestyles and habits. Herein lies the beauty of education, as well as one of the simplest cost-cutting solutions: teach them to stay *out* of the hospital.

UMMC's new wellness clinic does just that. Any patient admitted with heart failure is automatically linked with its services. When released, he takes a discharge plan and his own safety kit, "A Guide to My Health." It's a simple three-ring binder chock full of information — about living with heart disease, medications, "heart-healthy" foods, and energy-saving exercise. It's a directory of community resources, a self-monitoring tool. And it confers power — the power of choice.

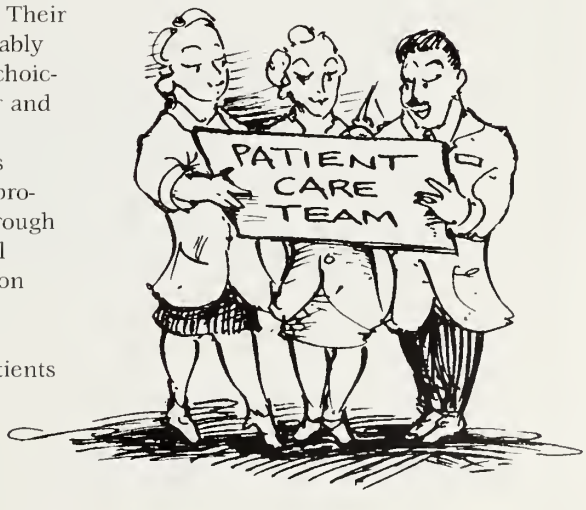
Says Theo Meyer, MD, director of the clinic and of cardiac rehabilitation at UMMC, "These are patients we have to prepare for the inevitable. Their life expectancy is unavoidably truncated. But they have choices that can create a longer and better life."

To sustain the patient's effort, the wellness team provides ongoing support, through follow-up calls and clinical appointments. Collaboration with the Visiting Nurse Association of Central Massachusetts ensures patients of home care, if needed.

Wellness patients become the proud managers of their own health. As a byproduct, their hospital readmissions and emergency room visits have dropped by half. Someday, the "Guide" may well be a link on the Internet, but its power for change is already virtual.

New techniques and new technology, new theories and new research findings, new rules, new rewards, and new behaviors! It's anybody's guess what the hospital of the future will be. We imagine that these innovations will increasingly empty hospitals of intensive care beds. We think more patients will be treated in high-tech outpatient care clinics, at home, and in a variety of community-based alternative care settings.

But what do we know for sure? Pure and simple, we know that customers drive these changes. Whether it's building a better mousetrap or building it so they will come, the customer sets the direction. More than any other lesson learned this year, UMass learned to listen more closely to customer instructions and to follow their lead.



FY 96 FUNDING AND REVENUE

State appropriation* for schools . . . (5%) $27 million
The Clinical System$400 million
State contracts**$14 million
Research (sponsored activity)$66 million
Self-supporting activities***$26 million
TOTAL$533 million

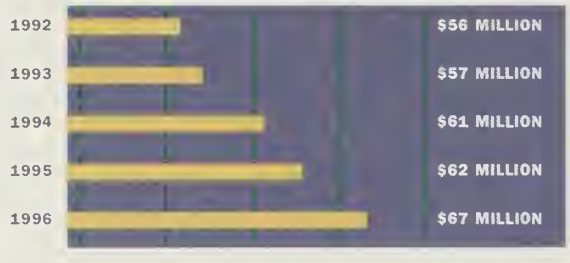
FY 97 PROJECTED FUNDING AND REVENUE

State appropriation* for schools . (5.8%) $29 million
The Clinical System$360 million
State contracts**$14 million
Research (sponsored activity)$72 million
Self-supporting activities***$21 million
TOTAL$496 million

* The hospital receives no state appropriation.
** Supports public service activity, including provision of mental health and pediatric services for those who cannot afford private care.
***Examples are parking trust fund, continuing education, financial aid and student fees.

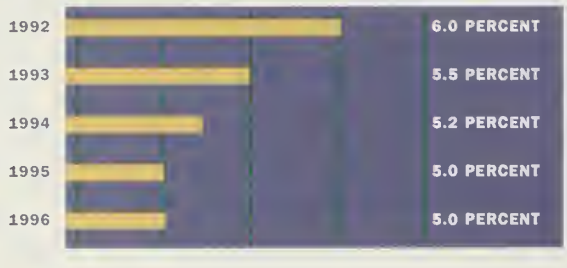
RESEARCH FUNDING

(includes sponsored activity - federal and private grants, contracts and overhead)



STATE APPROPRIATION

(as percent of total Medical Center funding and revenue sources)



EDUCATION (1996-97 FIGURES)

Medical School
MD students 432
MD/PhD students 12
Alumni 1,952
Residents & fellows in UMMC programs 470
Graduate School of Biomedical Sciences
PhD students 136
Alumni 97
Graduate School of Nursing
MS students 72
Post master's students 16
PhD students 13
Alumni 298
Continuing Education registrants (estimate) . .13,182
Allied Health Program students (1995-96) 790

PATIENT SERVICES FY 96

Number of beds 388*
Number of patients admitted 16,452
Occupancy 83.8 %
Average length of stay 5.9 days
(excluding psychiatric patients)
Surgical cases
Inpatient 8,643
Outpatient 6,612
Outpatient clinic visits 353,550
(excluding ancillary, emergency, Tri-River and day surgery visits)
Emergency Department visits 49,817
Visits to Tri-River Family Health Center 55,440
(UMMC's satellite in Uxbridge)
Life Flight missions 1,372
Trauma admissions 1,676

* Includes 45 beds at Worcester State Hospital

PACSS

Savings FY 96$12 million
(The Program to Achieve Clinical System Superiority is UMMC's plan to enhance value, increase growth, and promote satisfaction.)



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Worcester, MA 01613-9938



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☐ $25 ☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ Other _____

☐ I wish to designate my gift for _____

☐ I am interested in financial planning options that can benefit my family and the University of Massachusetts Medical Center. Please send me more information.

Please make all gifts payable to University of Massachusetts Medical Center. All gifts are tax deductible to the extent of the law. Thank you for your support

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City, State, Zip

Telephone

The mission of the University of Massachusetts Medical Center is to serve the people of the commonwealth through excellence in health sciences education, clinical care, research and public service.

One of five UMass campuses, the University of Massachusetts Medical Center in Worcester is the state's only academic health center outside Boston. It includes an advanced tertiary care hospital which serves as the hub of a regional affiliates healthcare network, the state's medical school, and graduate schools of biomedical sciences and nursing.

WHAT YOUR GIFT TO THE UMASS MEDICAL CENTER CAN DO...

Here are some examples of how your gift to the annual fund can make a difference for the patients who depend on UMass Medical Center.

- $50 can buy inoculations for an economically disadvantaged toddler.
- $500 can provide a bone marrow aspiration biopsy and interpretation for a cancer patient.
- $5,000 can transport a critically injured person by Life Flight helicopter.

EDUCATION

TOPS IN PRIMARY CARE

A special issue of *U.S. News & World Report* ranked UMass Medical School second in primary care among U.S. medical schools. A panel of experts in the field ranked medical schools on a list of objective and subjective criteria, including percentage of graduates who pursue primary care careers, and reputation among medical school faculty and residents. This designation followed a report from the Association of American Medical Colleges which ranked UMMS fourth nationally and number one in New England in the percentage of graduates entering primary care specialties.

PATHOLOGY CHAIR

Kenneth Rock, MD, was appointed professor and chair of the Department of Pathology. He comes to UMMC from the Dana Farber Cancer Institute, where he was clinical coordinator of pathology, and associate professor at Harvard Medical School.

JOINT PROGRAM WITH WPI

UMMC's Graduate School of Biomedical Sciences joined forces with Worcester Polytechnic Institute to offer a PhD in Biomedical Engineering and Medical Physics. The new program is intended to prepare graduates to serve as biomedical researchers in the emerging medical engineering and cellular engineering fields. It formalizes two decades of collaboration between a public and private institution in a field of critical importance to the state's biotechnology industry.

EXPANDING THE PIPELINE

A five-year project aimed at boosting minority interest in health and science professions got off the ground after UMMC was one of 10 U.S. institutions selected by the Robert Wood Johnson Foundation to participate in the Health Professions Partnership Initiative. The HPPI builds on "Project 3,000 by 2000," an effort launched in 1991 by the Association of American Medical Colleges to increase the annual enrollment of underrepresented minorities in U.S. medical schools to 3,000 by the year 2000.

FACULTY AFFAIRS APPOINTMENT

Cheryl R. Scheid, PhD, professor of physiology and surgery, was named vice chancellor for faculty affairs. In the new position, Scheid, a faculty member since 1980, actively represents UMMC faculty equity, interests and development. She also oversees faculty appointments, salary, promotion and tenure.

MEYERS INSTITUTE DIRECTOR

Jerry H. Gurwitz, MD (UMMS '83), a nationally recognized geriatrician, was appointed executive director of the Meyers Primary Care Institute (MPCI), a collaborative endeavor of the Fallon Healthcare System and UMMC. The MPCI promotes primary care through the development and implementation of innovative programs in education, research and clinical practice.

CLINICAL CARE

NORTH AND WEST

In its effort to develop an integrated delivery system, the Clinical System continued to reach out in new directions:

- Clinton Hospital became the second major partner to join UMASS Health System. With access to UMMC's Level 1 trauma center, advanced tertiary care and clinical specialists, the affiliation enables Clinton to move aggressively ahead with its strategic plan to increase emergency room patients and primary care and medical/surgical referrals. For UMass, the agreement expands community-based education and training opportunities for physicians and medical students — thus strengthening UMMC's position as a nationally recognized trainer of primary care doctors. In 1995, Marlborough Hospital became the first to join the UMASS Health System.
- UMMC entered into three separate affiliation agreements with Wing Memorial Hospital & Medical Centers in Palmer, Noble Hospital in Westfield and Holyoke Hospital. The new western Massachusetts partnerships establish formal patient care, education and research links with each of those institutions, without disturbing the ownership, governance or financial operations of the three community hospitals. The affiliations maximize efficiency, reduce costs and provide the best in patient care — all while maintaining the local control that's essential to the operation of these community hospitals.

The western Massachusetts affiliations complement the collaborative relationships UMMC has in place with nine community hospitals, including Heywood Hospital in Gardner, which also recently signed an agreement with UMMC to formalize their long-standing collaborative relationship and expand the patient care, teaching and research links between the two institutions.

ACCREDITATION WITH KUDOS

UMMC achieved "accreditation with commendation" from the Joint Commission on Accreditation of Healthcare Organizations, a non-profit consortium dedicated to improving the quality of the nation's healthcare. The JCAHO commendation — which recognizes "exemplary performance" — is awarded to fewer than one in eight hospitals nationally.

A PRACTICAL MOVE

UMMC's Fitchburg Family Practice and Residency Program — a staple of the healthcare delivery network in north central Massachusetts since 1979 — moved from Ashby State Road to space within Burbank Hospital, more than doubling facilities available for patient care services and residency training. A division of UMMC's Department of Family & Community Medicine, the practice provides primary care to residents of Fitchburg, Leominster and surrounding communities, as well as graduate training of family medicine physicians.

SURVEY AFFIRMS HOSPITAL PREFERENCE

People in central Massachusetts emphatically say they want their hospital care delivered locally rather than in Boston, a statewide survey found. Conducted by the Massachusetts Economic Project — in conjunction with the McCormack Institute of Public Affairs in Boston — the survey of hospital preferences also produced another significant finding: the University of Massachusetts Medical Center is their leading hospital of choice.

UMASS COMMUNITY PHYSICIANS

The Clinical System added 75 physicians to UMASS Community Physicians, a network of primary care physicians located throughout central Massachusetts. The continued development of the network is a key component of the UMMC Clinical System strategic plan. UMCP physicians are available at 16 sites.

RESEARCH

TECH LICENSING BOOM

Efforts to commercialize the Medical Center's "intellectual property" produced four major collaborative agreements that successfully match UMMC's faculty research expertise with a private healthcare company's research and development needs:

- A $42 million agreement with Pasteur Meriuex-Connaught, one of the world's largest manufacturers of vaccines, licensing the development of a new technology for producing vaccines, based on research conducted by Harriet L. Robinson, PhD, professor of pathology.
- A multi-million dollar agreement with Smith & Nephew Endoscopy of Andover — one of the world's foremost producers of minimally invasive surgical devices — to jointly develop a center for research in endoscopic surgery at UMass.
- A biomedical research partnership with a Massachusetts tissue engineering company to further develop cutting-edge technology for growing human tissue in the laboratory, and to explore its potential uses in surgical procedures ranging from breast reconstruction to orthopedic surgery. The agreement links Reprogenesis of Boston with UMMC's Tissue Engineering Lab, led by Charles A.Vacanti, MD, professor and chair of anesthesiology, whose success in growing an ear from human cartilage cells is considered an important advancement in tissue engineering.
- A licensing agreement between Roger Davis, PhD, a Howard Hughes Investigator and professor of biochemistry & molecular biology at UMMC, and Signal Pharmaceuticals of San Diego, granting the company rights to develop drug therapies based on Davis' research discovery. Two cellular signaling proteins identified and cloned by Davis hold promise for new ways to reduce inflammation, and treat symptoms of neurological diseases, such as Alzheimer's. The six-figure agreement includes a licensing fee and royalty and milestone payments dependent on Signal's progress in using the proteins in drug delivery and development.

A NEW CLUE IN FAT/ BREAST CANCER LINK

In a study seeking clues to the causes of breast cancer, James R. Hebert, ScD, professor of medicine, found an apparent association between breast cancer death rates and the amount of meat and other animal products that people consume. His comparison study, published in *Cancer Detection and Prevention*, also found that fish and cereal products appear to exert a "protective effect" against breast cancer. Hebert said the results are noteworthy because they support the findings of numerous other national and international studies, including those in laboratory animals that have shown an association between high-fat diets and breast cancer.

STUDY ON HOMELESSNESS

Thousands of low-income families on welfare are just one crisis away from becoming homeless, warned a study conducted jointly by UMMC and the Newton-based Better Homes Fund. Published in the *Journal of the American Medical Association*, the six-year study revealed that both homeless and housed low-income families struggle with the consequences of severe physical and sexual abuse, extreme financial deprivation, inadequate education, training and employment opportunities and poor health. Linda F. Weinreb, MD, associate professor of family & community medicine and pediatrics at UMMC, was co-author of the study.

GENETICS PROGRAM

In recognition of UMMC's quality of biomedical research, the Howard Hughes Medical Institute (HHMI) awarded UMMC $2,200,000 toward the development of a human genetics program. The grant was one of 30 made to U.S. medical schools by HHMI, the nation's largest private philanthropy.

SMOKING AND PREGNANCY

Judith Ockene, PhD, professor of medicine and director of preventive & behavioral medicine, is leading a four-year research project aimed at helping low-income pregnant women quit smoking. A team of investigators is testing the effectiveness of a community-based, multi-faceted smoking intervention strategy. Study participants, who are pregnant women recruited at three community health centers, receive smoking cessation counseling by nutritionists, obstetricians and pediatricians. The smoking cessation rates at the three health centers will be contrasted with those at three comparison sites. The study is funded by the National Heart, Lung and Blood Institute.

LABOR AND THE WEATHER

Research conducted by Kenneth L. Noller, MD, professor and chair of obstetrics & gynecology, suggests that — contrary to popular opinion — falling barometric pressure does not trigger the onset of labor. Dr. Noller's study could not substantiate the widespread belief that weather changes bring more pregnant women to the hospital. In fact his study, published in the *American Journal of Obstetrics & Gynecology*, actually found a significant decrease in the onset of labor when atmospheric pressure had dropped.

IMPROVING WORKERS' COMPENSATION

UMMC's highly acclaimed Occupational Health Program was invited by the Robert Wood Johnson Foundation to direct a $6 million national initiative designed to stimulate the development of innovative ways to deliver and finance quality medical care in the workers' compensation system. Under the initiative, UMMC has been assigned a key role in awarding 18 separate grants for projects to improve the current system. In the first round of grants awarded under the initiative, a variety of managed care approaches will be tested for their effectiveness in controlling the high cost of medical care for workers injured on the job.

Public Service

ADOPTION RESEARCH CENTER

Chancellor Aaron Lazare, MD, who chaired the Governor's Citizens' Task Force on Adoption, announced the creation of the Center for Adoption Research and Policy. The mission of the center, which is believed to be the first in the nation, is to conduct research, analyze and develop policy, and promote educational programs on adoption and foster care. The UMass five-campus center is based at UMMC.

HEART ATTACK PREVENTION

In response to startling data suggesting that most heart attack victims delay seeking medical care, UMMC researchers — together with the City of Worcester and the local healthcare community — launched a campaign to help people recognize the symptoms of a heart attack and heighten awareness about the importance of seeking emergency room treatment. Sponsored by the National Heart, Lung and Blood Institute, Heart Attack REACT (Rapid Early Action for Coronary Treatment) is the first large-scale community research effort of its kind in the United States. UMMC is one of only five sites nationwide — and the only one in the Northeast — receiving federal funding for the project.

TEAM ON ALERT AT OLYMPICS

Eleven members of the UMMC-sponsored Disaster Medical Assistance Team volunteered their expertise at the summer Olympics in Atlanta, where emergency medical professionals nationwide were on alert and ready to respond in the event of a mass casualty incident. (Injuries resulting from the pipe bomb explosion in Centennial Olympic Park were treated by local fire and rescue personnel.) The 100-member Worcester DMAT team, which has served at various disaster spots, was also placed on alert several times throughout last year's busy hurricane season.

BOOKS AND BABIES

As part of an innovative program aimed at encouraging parents to read to their young children, UMass pediatricians are providing children's books during patient visits. Second-year medical student Martha Fairbanks organized START (Sharing Together And Reading Together), modeled after the highly acclaimed Reach Out and Read Program. Fairbanks and other volunteers read to children in the pediatrics waiting room.

Awards & Honors

AIDS RESEARCH REWARDED

Katherine Luzuriaga, MD, associate professor of pediatrics, was selected by the Pediatric AIDS Foundation as one of five researchers worldwide to receive its prestigious Elizabeth Glaser Award, which carries with it a $650,000 grant. The award will support Dr. Luzuriaga's research on the cellular immune response of HIV-infected infants, and defining their capacity to respond to HIV vaccines.

DIABETES DOCTOR

Aldo A. Rossini, MD, professor of medicine and director of diabetes, was selected by the American Diabetes Association as recipient of the 35th annual Elliott P. Joslin medal. The award, which was presented by the ADA's Massachusetts affiliate, honors Rossini's lifelong diabetes research.

ANNIVERSARY AWARDS

UMMC's 25th anniversary campaign — celebrated throughout 1995 — won special recognition in local and national awards competitions. The Association of American Medical Colleges presented UMMC with an Award of Distinction in its annual competition, and the Public Relations Society of America (Central Massachusetts Chapter) awarded UMMC an honorable mention for

Best Public Relations Program. UMMC's 1995 *Annual Report* — dedicated to the 25th anniversary theme — won a merit award in the annual report category of the Worcester AdClub's Holland Awards Competition for Creative Excellence.

DISTINGUISHED SERVICE AWARD

Kenneth Noller, MD, professor and chair of obstetrics & gynecology, was awarded the American Colposcopy Society's Distinguished Service Award. The award has been presented only twice before in the 33-year history of the society.

BEST LITERATURE

Paul Appelbaum, MD, professor and chair of psychiatry, was the 1996 recipient of the Guttmacher Award of the American Psychiatric Association and the American Academy of Psychiatry and the Law. The award recognizes the year's most outstanding contribution to literature in forensic psychiatry. Dr. Appelbaum is the author of *Almost a Revolution: Mental Health Law and the Limits of Change.*

KIDNEY AWARENESS

The National Kidney Foundation recognized Jeffrey S. Stoff, MD, professor of medicine and director of renal medicine, for 15 years of outstanding service as a member of the Central Massachusetts Advisory Board to raise awareness of the NKF of Massachusetts and Rhode Island, and its mission in central Massachusetts.

SPOTLIGHTS

EXCELLENCE IN PUBLIC SERVICE

Joanne L. Calista, a licensed social worker in the HIV Clinic, was one of 10 state employees selected from across the commonwealth to receive the 1996 Manuel Carballo Governor's Award for Excellence in Public Service. Calista's selection marked the second time a Medical Center employee has been chosen for the award. Named in memory of Manuel Carballo — who served under Governor Michael Dukakis as secretary of health and human services — it is the state's highest public service honor. Calista was honored for her work with people infected with and affected by HIV.

HIATT HONORED

Jacob Hiatt, successful entrepreneur and renowned advocate for public and private education and youth-related causes, received the first Joseph P. Benedict Award for Outstanding Community Service to UMass Medical Center. Named in memory of the founding chair of the UMass Hospital Management Board, the award honors the significant contributions Hiatt has made on behalf of UMMC, including his support of the Learning Center, the Center for Adoption Research and Policy, and the Frances L. Hiatt Child Care Center.

EMPLOYEES OF THE MONTH

"Employees of the Month" for 1996 were:

- Patricia Barkey
 Outpatient Registration
- Frank Bova
 Emergency Medical Services
- Sandra Costa
 Radiology
- Anthony Covello
 Environmental Building Services
- Carol DeCourcey
 Ambulatory Psychiatric Clinic
- Cathy Gervais, RN
 Center for Health and Fitness/Cardiac Rehabilitation
- Joseph Jordan, RN
 Operating Room
- Karen Logan
 Biochemistry & Molecular Biology
- Maureen Podesta
 Medical Staff Affairs
- Tammy Retalic, RN, MSN
 6 East
- Suzanne Rice Simoncini
 Patient Care Systems/Information Resources Department
- the late Cheryl Tiarks
 Cancer Center.

GREAT AWARDS

The Group Recognition for Excellence and Teamwork (GREAT) Award is presented to a department, division, task force or unit that exemplifies outstanding teamwork through achievement, innovation or service. The 1996 winners were: the Interpreter Services Department; and the cast and crew of "The Best of Times," UMMC's 25th anniversary variety show.

STAR VOLUNTEERS

Three women who each devoted 20 years to volunteering at the Medical Center were awarded the Julius Aisenberg Award. Evelyn Anderson, Agnes Plotezyk and Pauline Woolson were recipients of the award, named after the late Julius Aisenberg in recognition of his outstanding career as a volunteer at UMMC.

A TRADITION OF GIVING

For the past quarter century, the University of Massachusetts Medical Center has embraced its mission of service to the citizens of the commonwealth. We salute the thousands of generous and good friends who have contributed to our success this past year, and demonstrated that the spirit of giving is alive and well.

During fiscal year 1996, the Medical Center received more than $7.2 million in charitable donations to support a wide array of medical research, patient care, and academic initiatives. This was made possible through the extraordinary generosity of 5,255 benefactors — individuals and families, foundations and corporations, UMMC faculty, staff and board members alike. Each one of these gifts has reminded us that the true essence of giving lies in the joy of helping others.

As you read through the honor roll of our benefactors in the pages ahead, it is important to remember that there is a human story behind every gift. Some, like the family and friends of Dan Manning Jr., turned the tragic loss of their loved one into a compelling crusade to advance the cause of cancer research and patient care. Through the establishment of the Our Danny Cancer Fund, more than $250,000 was raised this year.

When Bruce Carlin lost his business partner Allan S. Goff last year to a series of medical complications, he decided that there had to be a way to help others battle serious illness. Through his commitment to raise $1 million, the Medical Center will be able to construct the Allan S. Goff Learning Center, an innovative teaching facility to train future generations of doctors, nurses, and scientists.

At the midpoint of the year, we launched the Lamar Soutter Society to recognize those benefactors who have made a charitable planned gift to support the Medical Center and its various programs. More than 50 individuals stepped forward as charter members of the Society and demonstrated their ultimate commitment to the Medical Center's future.

Whether you participated in giving through your personal philanthropy, or you attended one of our many fundraising events, you gave the gift of hope to individuals and families you may never meet. On their behalf and on behalf of the Medical Center's faculty, staff, and students, thank you for the continued privilege of helping others.

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Thanks to the generosity of more than 600 UMMC alumni, faculty and staff, board members, parents, corporations and foundations, the three-year campaign to fund the Learning Center raised $3.2 million, exceeding the campaign goal of $2.8 million. Housing two case-study rooms and ten classrooms, including a new video conference facility for "telemedicine" initiatives, the Learning Center will be a state-of-the-art facility that promotes the current focus on interactive, small group teaching.

Set to open in the spring of 1997, it will be named in memory of Allan S. Goff, who was a senior partner in the Worcester accounting firm of Goff, Carlin & Cagan LLP, and the brother-in-law of Joel Gore, MD, director of UMMC's Division of Cardiovascular Medicine. Family, friends, and colleagues of Allan Goff committed to raise $1 million for this project.

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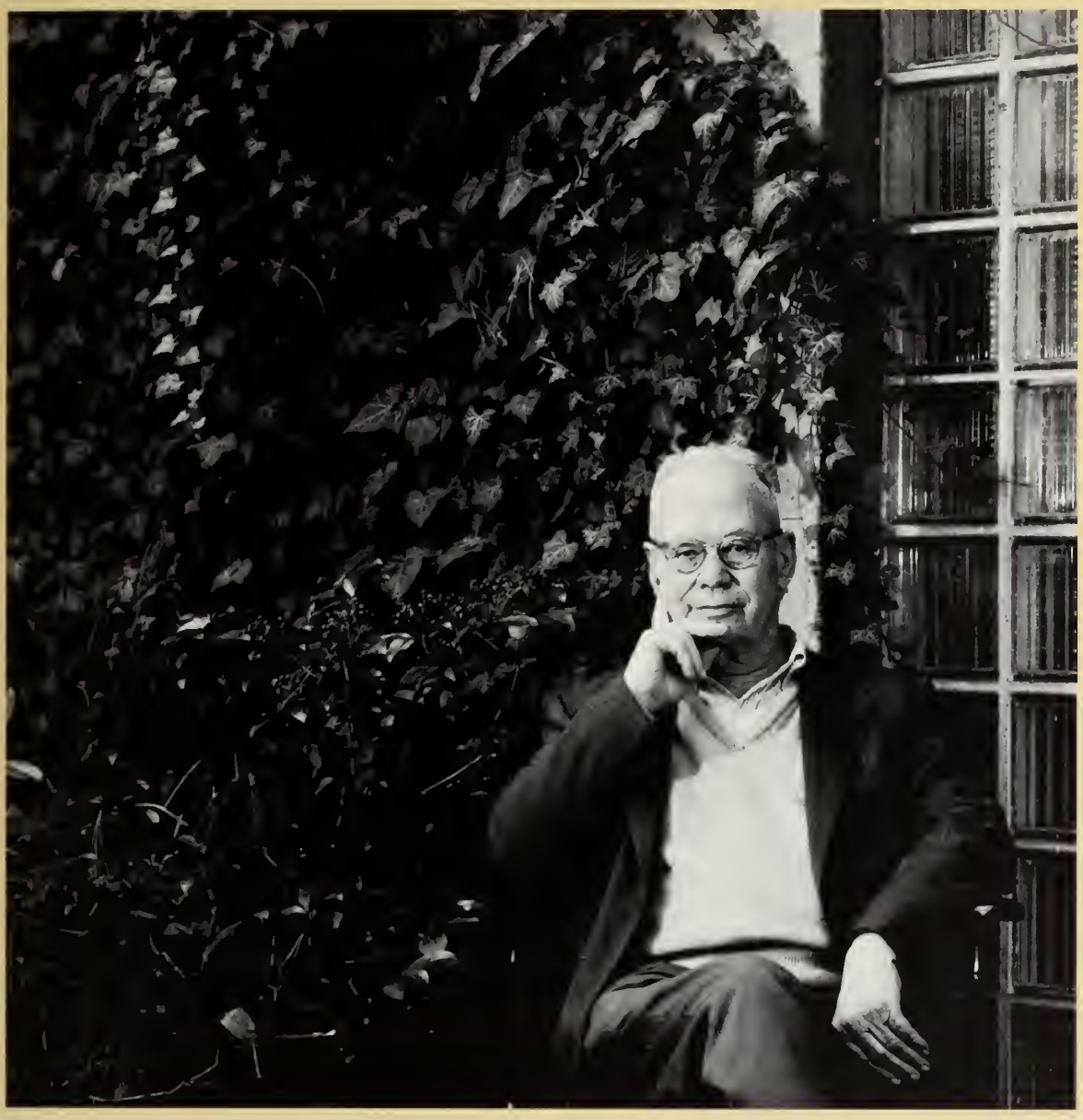
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On October 12, Lamar Soutter, MD, the Medical Center's founding dean and chancellor, died of heart disease at the age of 87. Following are edited remarks presented in tribute to Dr. Soutter by H. Brownell Wheeler, MD, founding chair of the Department of Surgery, at UMMC's annual Convocation ceremony.

Dr. Soutter was not only our founding dean, he was the very heart of this Medical School in its precarious early years. To those of us who were here then, he was an inspiring leader, someone we could rally behind in the pursuit of a noble, but risky and uncertain goal. He loved a challenge. He was willing to take risks. And he had dogged determination, persistence and faith when he took a job on. His character was truly heroic. Let us remember his life.

By birth, Dr. Soutter might be regarded by some as a "Boston Brahmin." On one side of his family was an extremely distinguished lineage of physicians and civic leaders, the Shattuck family. The other side of Dr. Soutter's family includes the Richardson family. It has many famous surgeons and distinguished civil servants in it. When Dr. Soutter served as president of the Massachusetts Medical Society, he filled a post which had also been held by some of his distinguished ancestors many years before.

'His courage and faith provided the cornerstone'

Dr. Soutter's father was an orthopedic surgeon at Boston Children's Hospital. He was very active in crippled children's work and in the Easter Seal Society. Dr. Soutter later stepped into his father's shoes at the Easter Seal Society. Ultimately, he served as its national president.

He went to Harvard College. During and after college he undertook a number of quite adventurous, even heroic exploits. He crewed on the maiden trans-Atlantic voyage of the "Atlantis," an ocean-going sailing ship designed to collect biologic specimens for the Woods Hole Marine Laboratory. He sailed to the Arctic with Captain Robert Bartlett, a famous Arctic explorer, on an icebreaker. He collected marine specimens in the American West. An uncommon fish in Oregon was actually named after Dr. Soutter. It is a type of sucker, a fact which always amused him. In the most adventurous trip of all, he collected biologic specimens for Harvard's Peabody Museum in the sub-Arctic wilderness of Northern Canada and Alaska.

After graduating from Harvard Medical School, Dr. Soutter did his surgical training at Massachusetts General Hospital. Then he did further training in thoracic surgery at Bellevue Hospital in New York. Coming back to MGH, he saw the need for and established the first Blood Bank in New England. He anticipated the need for frozen plasma in the event of a major disaster. When the Coconut Grove fire occurred a few years later, many lives were saved because Dr. Soutter had stockpiled a large supply of plasma. He led the development of the American Red Cross blood program for Massachusetts and he served as its chairman for many years.

During World War II, Dr. Soutter served as a battle surgeon with General George Patton's Third Army. The climactic battle of the war was the so-called "Battle of the Bulge." The German army viciously counter-attacked and surrounded the 101st Airborne Division and many other Allied troops at the Belgian village of Bastogne. The Allied troops were completely cut off and had no medical care. Dr. Soutter and his surgical team — all volunteers — were towed in gliders at tree-top height over a heavily forested area to avoid ground fire. When the gliders got to Bastogne, they had to land in an open field under enemy fire. Dr. Soutter's glider was hit, but fortunately he was not injured. In the next 24 hours, he did 56 operations. A few days later, a tank column from the Third Army broke through the German lines and restored the supply line to Bastogne. Dr. Soutter received a Silver Star for gallantry in action, and also three battle stars.

After the war, he developed an active practice of thoracic surgery at MGH and directed its Blood Bank until he left to become chief of thoracic surgery at Boston University Medical Center and later dean of BU Medical School. He was appointed by the Governor to chair a commission to investigate the need for a new state medical school. His leadership of that group ultimately led to his selection as our founding dean. For Dr. Soutter, it was another great challenge and an adventure. It was the chance of a lifetime to create an entirely new academic medical center, one which would be of great public benefit, where nothing had existed before.

When he first took the job on, Dr. Soutter was the Medical School's only employee. He had the truly awesome responsibility for getting everything done which was necessary to create a new academic medical center from scratch. More than one governor tried to scuttle the project because of its cost. President Nixon impounded the federal funds necessary to build the University Hospital which had previously been appropriated under the Johnson administration. There was a tremendous battle over selection of the site. With a great deal of effort, he was able to obtain the outstanding physical site that we have today — land which had been the farm of the Worcester State Hospital.

Dr. Soutter's watchword was "excellence." He felt that for UMass Medical Center to prosper in the shadow of Boston, it had to be every bit as good as Boston. He was truly an honorable man, and he recruited honorable men and women. He established an ongoing institutional culture which has been responsible for much of our later success. It has been said that every great institution is built on the character and values of a great individual. That is certainly the case with this institution.

Health problems ultimately led Dr. Soutter to resign as our first chancellor/dean. Fortunately, he later recovered his health to some extent, and went on to consult in the founding of a new medical school in Eastern Tennessee. He even became the founding dean of that medical school.

The UMass Library is named for Dr. Soutter, and it contains a bronze bust of him. There is a simple inscription: "His courage and faith provided the cornerstone." It is true. His courage and his faith did provide the cornerstone on which UMass Medical Center is built. He is a worthy hero for us all and for the institution he founded. It is up to those of us who remain here to uphold his values and to insure that his original vision of excellence and world-class stature for the University of Massachusetts Medical Center is even more fully realized in the future.



Dr. Wheeler, who retired as chair of surgery in 1995, now serves as executive director of UMMC's Center for Advanced Clinical Technology.

The mission of the University of Massachusetts Medical Center is to serve the people of the commonwealth through excellence in health sciences education, clinical care, research and public service.

One of five UMass campuses, UMMC is the state's only academic health center outside Boston. It has a growing clinical system, medical school, graduate schools of biomedical sciences and nursing, and a research enterprise that includes nationally recognized programs in molecular medicine, cancer, diabetes, neuropsychiatry and cardiovascular disease. For more information about UMMC services and programs, please call 1-800-UMASSMED, or visit the UMMC home page, http://www.ummed.edu/.

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